

Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: NEW COMPOSITION AND METHOD FOR
THE TREATMENT OF DYSGLUCAEMIA
Attorney Docket Number:: 1506-1004-3
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: HENRI
Middle Name::
Family Name:: HANSSON
Name Suffix::
City of Residence:: HELSINGBORG
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing LARKSTIGEN 12
Address::
City of Mailing Address:: HELSINGBORG
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-255 91

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: MATS
Middle Name::
Family Name:: LAKE
Name Suffix::
City of Residence:: LIDINGO
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing TULEVAGEN 17
Address::

City of Mailing Address:: LIDINGO
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE 181-41

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: KERSTIN
Middle Name::
Family Name:: HANSSON
Name Suffix::
City of Residence:: LUND
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: KARNNASVAGEN 9K:115
Address::
City of Mailing Address:: LUND
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-226 46

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	10/202,870	7/26/02
10/202,870	Division of	10/002,417	10/25/01
10/002,417	An application claiming the benefit under 35 usc 119(e)	60/243,072	10/25/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	000377-8 <u>0003877-8</u>	10/25/00	Yes

Assignment Information

Assignee Name:: METCON MEDICIN AB
Street of Mailing DALENUM 17
Address::
City of Mailing Address:: LINDINGO
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-181070